Approved for use through 10/31/2002 OMB 0651-0032
U.S Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. 1092-PA368 Attorney Docket Number DECLARATION FOR UTILITY OR Donald Bruns First Named Inventor DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Deciaration OR Submitted after Initial Submitted Group Art Unit Filing (surcharge with Initial (37 ČFR 1.16 (e)) Filing Examiner Name required) As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Apparatus And Method Of Aligning Fiber Arrays ٠Д H (Title of the Invention) the specification of which is attached hereto į. OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International ŧ, and was amended on (MM/DD/YYYY) (if applicable). Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuationin-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed Priority Certified Copy Attached? Foreign Filing Date Prior Foreign Application Country Not Claimed Number(s) (MM/DD/YYYY) YES NO

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION — Utility or Design Patent Application

Direct all co	Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below									
AND THE PROPERTY OF THE PROPER						;				
Name	Gary L. Eastman									
Address	520 West Ash Street, Su	ite 3	06							
City	San Diego			State	CA	ZIP 92101				
Country	USA	Tele	phone 619-2	230-1	144	Fax 619-230-1194				
are believe made are	eclare that all statements made herein of the do be true, and further that these state ounishable by fine or imprisonment, or the application or any patent issued there	atements both, un	s were made wit	h the ki	nowledge that willful t	false statements and the like so				
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor										
Given Nan (first and r	ne middle [if any])				Family Name or Surname					
In√entor's Signature						Date				
Residence	e: City		State		Country	Citizenship				
			Tomas		Country	Orazonomp				
Mailing Ac	idress		,							
City	City			ZIP		Country				
NAME OF SECOND INVENTOR:			A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Family Name or Surname							
Inventor's Signature						Date				
Residence	e: City		State	C	Country	Citizenship				
Mailing A	ddress									
City			State	2	ΖΙΡ	Country				
	ional inventors are being named on the	sup	plemental Additi	onal Inv	ventor(s) sheet(s) PTC	D/SB/02A attached hereto.				

		Application Number	1		
		Filing Date			
		First Named Inventor	Dor	nald Bruns	
POWER OF A	TTORNEY OR	Title		paratus And 1	Method A
AUTHORIZATION	ON OF AGENT	Group Art Unit			
•		Examiner Name		× = 1370	
a sacrata rivata y vaniar començare suscessor de concentral communicativa que establisha	yy ygytel tarn napydd mae'n magainn y y rhyfelolau y differnia ar yfel hann agyll a tarn a gyfel a tarn y fel a	Attorney Docket Nur	nber 109	12-PA368	
I hereby appoint:					
				Place Custome	I I
	Customer Number		>	Number Bar C Label here	oae
OR × Practitioner(s) n	amed below:				
i douter (a) ii	Name		Registra	ation Number	
Gary L. E	reconstruction of the second s	41	,005		
XXXXX					
n					
as my/our attorney(s) o	or agent(s) to prosecute the	ne application identifie	ed above.	and to transact	all
as my/our attorney(s) of business in the United	or agent(s) to prosecute the	ne application identific	ed above,	and to transact	all
business in the United	States Patent and Trade	mark Office connecte	d therewi	th.	all
business in the United Please change the corr	States Patent and Trader respondence address for	mark Office connecte	d therewi	th.	all
business in the United Please change the core The above-mentic	States Patent and Trade	mark Office connecte	d therewi	th.	all
Please change the correction or the above-mention or the above-mention or the correction or the correc	States Patent and Tradel respondence address for oned Customer Number.	mark Office connecte	d therewi	th. n to: Place Customer Number Bar Code	all
Please change the corr The above-mentic OR Practitioners at Cu	States Patent and Tradel respondence address for oned Customer Number.	mark Office connecte	d therewi	th. n to: Place Customer	all
Please change the correction or the above-mention or the above-mention or the correction or the correc	States Patent and Trader respondence address for oned Customer Number. ustomer Number	mark Office connecte the above-identified a	d therewi	th. n to: Place Customer Number Bar Code	all
Please change the correction or Practitioners at Ct OR	States Patent and Tradel respondence address for oned Customer Number.	mark Office connecte the above-identified a	d therewi	th. n to: Place Customer Number Bar Code	all
Please change the correction or Practitioners at Cu OR	States Patent and Trader respondence address for oned Customer Number. ustomer Number Eastman & Assoc	mark Office connecte the above-identified a	d therewi	th. n to: Place Customer Number Bar Code	all
Please change the corr The above-mentic OR Practitioners at Ct OR Firm or Individual Name	States Patent and Trader respondence address for oned Customer Number. ustomer Number Eastman & Assoc	mark Office connecte the above-identified a	d therewi	th. n to: Place Customer Number Bar Code Label here	
business in the United Please change the corr The above-mentic OR Practitioners at Cu OR Firm or Individual Name Address	States Patent and Trader respondence address for oned Customer Number. ustomer Number Eastman & Assoc	mark Office connecte the above-identified a	d therewi	th. n to: Place Customer Number Bar Code Label here	all 2101
Please change the correction or Practitioners at Cuor Individual Name Address Address	States Patent and Trader respondence address for oned Customer Number. ustomer Number Eastman & Assoc 520 West Ash St	mark Office connecte the above-identified a riates reet, Suite 306	d therewi	th. n to: Place Customer Number Bar Code Label here	
business in the United Please change the corr The above-mentic OR Practitioners at Cu OR Firm or Individual Name Address Address City	States Patent and Trader respondence address for oned Customer Number. ustomer Number Eastman & Associated Ash State Stan Diego	mark Office connecte the above-identified a riates reet, Suite 306	d therewi	th. n to: Place Customer Number Bar Code Label here	
Please change the correction or Practitioners at Coor Individual Name Address Address City Country	States Patent and Trader respondence address for oned Customer Number. ustomer Number Eastman & Assoc 520 West Ash St San Diego USA	mark Office connecte the above-identified a riates reet, Suite 306	d therewi	th. n to: Place Customer Number Bar Code Label here Zip 9	
Please change the correction or an individual Name Address Address City Country Telephone I am the.	States Patent and Trader respondence address for oned Customer Number. ustomer Number Eastman & Assoc 520 West Ash St San Diego USA 619-230-1144	mark Office connecte the above-identified a riates reet, Suite 306	d therewi	th. n to: Place Customer Number Bar Code Label here Zip 9	
Please change the correction or Practitioners at Cu OR Firm or Individual Name Address Address City Country Telephone I am the. Applicant/Inver	States Patent and Trader respondence address for oned Customer Number. ustomer Number Eastman & Associated San Diego USA 619-230-1144	mark Office connecte the above-identified a liates reet, Suite 306 State	d therewi	th. n to: Place Customer Number Bar Code Label here Zip 9	
Dusiness in the United Please change the corr The above-mentic OR Practitioners at Cu OR Firm or Individual Name Address Address City Country Telephone I am the. Assignee of rec	States Patent and Trader respondence address for oned Customer Number. ustomer Number Eastman & Assoc 520 West Ash St San Diego USA 619-230-1144	mark Office connecte the above-identified a liates reet, Suite 306 State Fax See 37 CFR 3.71.	therewing pp.cation CA 619-2	th. n to: Place Customer Number Bar Code Label here Zip 9	

Burden Hour Statement This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

forms if more than one signature is required, see below*.

_forms are submitted.